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**\*BIBDATASHEET\*****CONFIRMATION NO. 3527**

Bib Data Sheet

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/035,955 | FILING DATE<br>12/24/2001<br><br>RULE | CLASS<br>702 | GROUP ART UNIT<br>2863 | ATTORNEY<br>DOCKET NO.<br>RSI-003 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

M. Turhan Taner, Houston, TX;  
 Matthew B. Carr, Houston, TX;

\*\* CONTINUING DATA \*\*\*\*\*  
 None TL

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 None TL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/13/2002

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>18 | TOTAL<br>CLAIMS<br>12 | INDEPENDENT<br>CLAIMS<br>6 |
|---|---------------------------|-------------------------|-----------------------|----------------------------|

35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *TL*

ADDRESS  
 Richard A. Fagin  
 P.O. BOX 1247  
 RICHMOND, TX  
 77046-1247

TITLE  
 System for utilizing seismic data to estimate subsurface lithology

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>561 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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